

To the Commissioner of Patents and Trademarks:



12/28/01

Transmitted herewith for filing is the patent application of:

Inventor: Paolo Di Emidio

For: A FORCEPS USED FOR THE SURGICAL
REDUCTION OF FRACTURED FACIAL BONES

Enclosed are:

- ☒ 1 sheet of drawing.
- ☒ An assignment of the invention to PIERGIACOMI SUD-SR.L.
- ☒ A certified copy of an Italian (MC2001 A 000072) application.
- ☐ An associate power of attorney.
- ☒ Declaration and Power of Attorney - Original Application

CERTIFICATE OF TRANSMITTAL

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail in an envelope addressed to: Commissioner of Patents and Trademarks, P.O. Box 2327, Arlington, VA 22202.

Date: December 28, 2001

Express Mail Label No. EJ189835148US

By: Robert M. GamsonSmall Entity Status: Yes ☒ No ☐

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	SMALL ENTITY			OTHER THAN A SMALL ENTITY		
FOR:	NO. FILED	NO. EXTRA		RATE	FEE		RATE	FEE
BASIC FEE					\$ 370	<u>OR</u>		\$ 740
TOTAL CLAIMS	2 -20=	* 0		x 9 =	\$ -0-		x 18 =	\$
INDEP. CLAIMS	1 -3=	* 0		x 42 =	\$ -0-		x 84 =	\$
MULT. DEPENDENT CLAIM PRESENTED				+140	\$		+ 280 =	\$
If the difference in Col. 1 is less than zero, enter "0" in Col. 2.				TOTAL	\$ 370	<u>OR</u>	TOTAL	\$

- ☐ Please charge my Deposit Account No. 02-2839 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$ 370.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.
- ☐ Any patent application processing fees under 37 C.F.R. 1.17.
- ☐ The issue fee set in 37 C.F.R. 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).
- ☐ Any filing fees under 37 C.F.R. 1.16 for presentation of extra claims.

Case Docket No. 21430-PA
FORM PTO-1082.

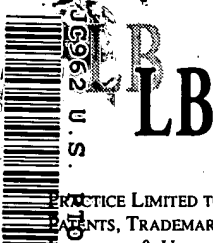
Robert M. Gamson
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Dec 28, 2001

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12/28/01



LEONARD BLOOM & ASSOCIATES, LLC

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December 28, 2001

VIA EXPRESS MAIL
EJ189835148US

To the Honorable Commissioner
of Patents and Trademarks
Washington, DC 20231

Re: Our Docket No. 21430-PA

Dear Sir:

Enclosed please find the following:

1. New U.S.A. patent application entitled "A FORCEPS USED FOR THE SURGICAL REDUCTION OF FRACTURED FACIAL BONES", including abstract, specification and claims (5 pages) and formal drawings (1 sheet), Paolo Di Emidio, Inventor.
2. Declaration duly executed.
3. Assignment duly executed.
4. Form PTO-1595 duly executed.
5. Our check No. 7271, in the amount of \$40.00, to cover the recordation fee.
6. Claim for Priority (with certified copy of Italian Application No. MC2001 A 000072).

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail in an envelope addressed to: Commissioner of Patents and Trademarks, P.O. Box 2327, Arlington VA 22202.
Date: December 28, 2001
Express Mail Label No. EJ189835148US

By: *Samuel P. V. Bates*

10035054-122001

LEONARD BLOOM & ASSOCIATES, LLC

The Honorable Commissioner
of Patents and Trademarks

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December 28, 2001

7. Form PTO-1082 duly executed, in duplicate.
8. Our check No. 7272, in the amount of \$370.00, to cover the application filing fee.
9. Our post card. (Please date stamp and return.)

The inventor is:

Paolo Di Emidio
Via Guglielmo Marconi, 36
64010-CONTROGUERRA (TE)
ITALY

The applicant is a small entity.

Please address all correspondence to:

LEONARD BLOOM & ASSOCIATES, LLC
Intellectual Property Law Offices
502 Washington Avenue, Suite 220
Towson, MD 21204.

If there are any additional fees required, please charge our Deposit Account No. 02-2839.

Thank you for your cooperation and assistance.

Respectfully submitted,



Robert M. Gamson

RMG/chb
Enclosures

1005054-2201
1002221-4505001